

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice, please contact the County Privacy Officer or the program staff where you receive services from the Napa County Health and Human Services Agency (the "Agency").

The contact information for the County Privacy Officer is on the last page of this notice.

WHO WILL FOLLOW THIS NOTICE

This notice describes our Agency's practices and that of:

- Any health care professional authorized to enter information into your Agency medical record.
- Any member of a volunteer group we allow to help you while you are a health care client of the agency.
- All employees, staff, and other Agency personnel in health care related departments.

All those identified above may share health information with each other for treatment, payment or health care operations purposes described in this notice.

OUR PLEDGE REGARDING HEALTH CARE INFORMATION

We understand that information about you and your health is personal. We are committed to protecting your health information. We create a record of the care and services you receive as a health care client of our Agency. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the Agency, whether made by Agency personnel, a provider or a business associate with whom we contract.

This notice will tell you about the ways in which we may use and disclose your health information. We also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- Make sure that health information that identifies you is kept private (with certain exceptions);
- Give you this notice of our legal duties and privacy practices with respect to your health information, and follow the terms of the notice that is currently in effect;
- Notify you of any breaches of your health information.

Please contact the Compliance and Privacy Officer at (877) 237-7319 or by email at ComplianceOfficer@countyofnapa.org to request a copy of this notice in another language or format.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose health information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment

We may use your health information to provide you with health treatment or services. We may disclose your health information to doctors, nurses, counselors, health care students, or other persons providing health services to you. For example, a doctor who is treating you may need to know if you have had a history of adverse side effects to a particular class of medication prior to prescribing a similar one. This information would be useful in selecting the most appropriate medication or course of treatment for you. Different programs of the agency may share your health information in order to coordinate the different things you need, such as prescriptions and lab work. We also may disclose your health information to people outside the agency who may be involved in your health, e.g., home health agencies or your private physician.

For the disclosure of your health information outside a particular Behavioral Health program, and for some Health programs, your authorization will always be obtained.

For Payment

We may use and disclose your health information to others for purposes of receiving payment for treatment and services that you receive. For example, a bill may be sent to you or a third-party payer, such as an insurance company or health plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment.

For Health Care Operations

We may use and disclose your health information for operational purposes. These uses and disclosures are necessary to operate the agency and make sure that all of our health care clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine health information about many agency health care clients to decide what additional services the agency should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, counselors, health care students, and other Agency personnel for review and continuous quality improvement purposes. We may also combine the health information we have with health information from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer.

Appointment Reminders

We may use your health information to contact you as a reminder that you have an appointment for treatment or health care at the agency.

Treatment Alternatives

We may use your health information to provide you with information about or recommend possible treatment options or alternatives that may be of interest to you.

Health-Related Products and Services.

We may use your health information to provide you with information about our health-related products or services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care

We may disclose your health information to a friend, family member or other person you identify as being involved in your health care or who helps pay for your care. You may inform us verbally or in writing if you object to any such disclosures.

Research

We may disclose your protected health information to researchers when their research has been approved by our institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

As Required By Law

We may disclose your health information when required to do so by federal, state or local law. For example, the agency may disclose information for the following purposes:

- Court orders and court-ordered warrants;
- Subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general, or an administrative body authorized to require the production of information;
- A civil or an authorized investigative demand;
- Medicare conditions of participation relating to health care provider participation in the program;
- Statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

To Avert A Serious Threat to Health or Safety

We may disclose your health information when necessary to prevent a serious and imminent danger of violence to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to the target of the threat or to someone able to help prevent the threat.

Military and Veterans

If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may disclose your health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Related Activities

We may disclose your health information for public health activities. These activities generally include the following:

- To prevent or control disease;
- To report the abuse or neglect of children, elders, and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Immunization Records

We may disclose your child's proof of immunization to their school, if State or other law requires the school to have such information prior to admitting your child as a student. We will obtain the parent's or guardian's authorization before making such a disclosure, though this may be done informally without a written authorization.

Victims of Abuse, Neglect or Domestic Violence

We may disclose your health information to a government authority if asked to do so by a law enforcement official and the disclosure is required by law, necessary to prevent serious harm to the individual or other potential victims, or if you agree. If such a disclosure is made, we will make every effort to promptly inform you, with certain exceptions.

Health Oversight Activities

We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

Law Enforcement

We may disclose your health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;

- About criminal conduct at the Agency;
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the persons who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also disclose your health information to funeral directors as necessary to carry out their duties.

Specialized Governmental Functions

We may disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct authorized investigations.

OTHER USES OF YOUR HEALTH INFORMATION

Other uses and disclosures of your health information not covered by this notice or the laws that apply to us will be made only with your written authorization. **Most uses and disclosures of psychotherapy notes, your health information for marketing purposes, and the sale of health information require your authorization.** If you provide us with authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, this will stop any further use or disclosure of your health information for the purposes covered by your written authorization, except if we have already acted in reliance on your authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information that we maintain:

Right to Inspect and Copy

You have the right to inspect and copy your health information that is used to make decisions about your care. Usually, this includes health and billing records, but may not include some mental health information. This health information that we maintain is known as your designated record set.

To inspect and/or copy health information in your designated record set you must submit your request in writing on the Agency's **Inspect/Copy Request Form**. That form can be obtained from and submitted to the program or division of the Agency where you receive services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or supplies associated with your request. If we maintain any part of your designated record set in an electronic health record or other electronic format, you have the right to obtain copies of your information in electronic form unless the Agency is unable to readily produce the copies in the requested format, in which case we will give

you hard copies of the health information you have requested.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information you may request that the denial be reviewed. Another licensed health care professional chosen by the Agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that your health information is incorrect or incomplete, you may ask us to amend the record. You have the right to request an amendment for as long as the information is kept by or for the Agency.

To request an amendment, your request must be made in writing on the Agency's **Amendment Request Form**. This form can be obtained from and then submitted to the program or division of the Agency where you receive services. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the agency, i.e., not part of your medical record;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, of reasonable length, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect. If you do not submit an addendum you may request that we provide, with any future disclosure, your request for amendment and our denial.

Right to an Accounting of Disclosures

You have the right to request an accounting of disclosures. This is a list of the disclosures we have made of your health information for reasons other than our own uses for treatment, payment and health care operations, (as those functions are described above), disclosures that you have authorized, and disclosures made more than six years prior to the date of your request.

To request this list or accounting of disclosures, you must submit your request in writing on the Agency's **Accounting of Disclosures Request Form**. This form can be obtained from and then submitted to the program or division of the Agency where you receive services. The first list you request within a 12-month period will be free. For additional lists, we will charge you for the costs of providing the list. We will notify you of the approximate cost involved and

you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction of the use or disclosure of your health information to carry out treatment, payment or health care operations. We are not, however, required to agree to your request except if you request that we not disclose your health information to your health plan with respect to healthcare for which you have paid for in full out of pocket. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request a restriction, you must make your request in writing on the Agency's **Restricting Uses/Disclosures Request Form**. This form can be obtained from and then submitted to the program or division of the Agency where you receive services. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing on the Agency's **Restricting Communications Request Form**. This form can be obtained from and then submitted to the program or division of the Agency where you receive services. We will not ask you the reason for your request and we will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive Notice of a Breach

We will notify you of any breach of your unsecured protected health information.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice contact the program or division of the Agency where you receive services.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the agency.

COMPLAINTS

If you believe your privacy rights have been violated you may file a complaint with the County Privacy Officer or the Secretary of the United States Department of Health and Human Services. To file a complaint with the County Privacy Officer please call (877) 237-7319 or by email at ComplianceOfficer@countyofnapa.org or address a written complaint to 2751 Napa Valley Corporate Drive, Napa, CA 94558. **You will not be penalized for filing a complaint.**

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